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Title: Transition to practice programs: What Australian and New Zealand nursing and midwifery graduates said. A Graduate eCohort Sub-Study.

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Abstract: Aim: To describe what Australian and New Zealand graduates said about the Nurse Entry to Practice program.

Background: The Nurse Entry to Practice is a structured programme that offers professional and educational support for graduate nurses in their first year of practice.

Method: The qualitative research described and reported herein constitutes a sub-study of the Graduate e-Cohort Study. This qualitative sub-study describes the responses to one on-line survey question offered in 2013 which asked about issues around gaining employment. Only those responses related to the Nurse Entry to Practice program by 197 recently graduated Australian and New Zealand nursing and midwifery students as they transitioned into professional practice are presented.

Results: Graduates looking for jobs in the year 2009 and 2010 were positive about their uptake of a Nurse Entry to Practice program. At the time the programs were a viable and plentiful option in which the graduate could take a program associated with a final undergraduate clinical placement. This resulted in these graduates remaining in the ward or organisation where the program was undertaken. This consequence was reported more widely by 2008 graduates, 2009 graduates from New Zealand but was not reported at all by 2010 graduates. Nurses or midwives looking for a job in 2011 reported less on a Nurse Entry to Practice program and when they did they indicated that the program was hard to get into.

Conclusion: This research offers educators, employers and administrators insights into improving the transition experience for recently graduated nurses and midwives.

Transition to practice programs: What Australian and New Zealand nursing and midwifery graduates said. A Graduate eCohort Sub-Study.

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ABSTRACT

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INTRODUCTION

Policy makers, administrators and educators alike must continue to seek viable solutions to improve the transition experience for new registered nurses (and midwives) (Thomas, Bertram, & Allen, 2012). Where there remains concern for the shortage of nurses in the healthcare workforce and a demand for nurses and midwives alike; and with a rapidly aging nursing workforce, the transition of the new nurse/midwife graduate into our healthcare institutions is critical (Australian Nursing & Midwifery Federation (ANMF), 2014; Cowin & Hengstberger-Sims, 2006; Department of Labour, 2011a, 2011b).

In the Australian context this urgency is compounded by the commencing enrolments of students in general nursing courses (registered nurses) having almost doubled (increase of 90%) over the period 2002-2011 (from 8,585 to 16,328) (Health Workforce Australia (HWA), 2013). Consistent with this increase in commencing enrolments there was also an attendant consistent course completion rate (registered nurses) resulting in an increase of nurses graduating by 79% between 2002-2011 (from 5,571 to 9,950) (Health Workforce Australia (HWA), 2013).

It is now almost ten years (2006) since the New Zealand Ministry of Health commenced funding for Nurse Entry to Practice (NETP) programs across all 21 District Health Boards (DHBs) (Haggerty, Holloway, & Wilson, 2012). Haggerty et al. (2012) A three and a half year longitudinal evaluation concluded the NETP program as having a positive impact on recruitment and retention of new graduate nurses (Haggerty et al 2012, p. 37). An evaluation undertaken in one jurisdiction in Australia, which determined that the program was

‘..consistent with the approach in other (Australian) jurisdictions’ (generalisable), concluded that ‘systematic (NETP) evaluations (have) been limited in both Australia and internationally..’ (parentheses added) so providing a sound rationale for the research reported here (Healy & Howe, 2012, p. 11; Missen, McKenna, & Beauchamp, 2015 in press).

In order to inform educators, policy makers and administrators alike, new nursing graduates of 2008, 2009 and 2010 were asked to describe any issues they experienced gaining employment as a nurse or midwife after graduation. This paper reports on what Australian and New Zealand graduates said about Nurse Entry to Practice (NETP) program/new graduate nursing programs (GNP).

BACKGROUND

The transition from undergraduate student nurse to registered nurse can be stressful and challenging (McDonald, Willis, Fourie, & Hedgecock, 2009; Missen et al., 2015 in press). As an example, findings in the context of the nursing practice environment for new nurse graduates at 6 months as professional nurses (registered nurses, RN), underscored abusive behaviours directed at them by doctors and simply left unaddressed by senior nurses or nurse managers (Boychuk Duchscher, 2001). It seems some graduate nurses/midwives do not experience a supportive environment (Skancke Bjerknes & Torunn Bjork, 2012).

What’s in a name?

To overcome this environment and these experiences various new graduate nursing programs exist. These are variously referred to as an ‘internship’ (Halfer, Graf, & Sullivan, 2008);

mentorship strategies (Skancke Bjerknes & Torunn Bjork, 2012); the clinical focus program (CFP) (Harrison, Stewart, Ball, & Meyer Bratt, 2007); the transition to speciality practice program (TSPP) (Morphet, Considine, & McKenna, 2011); a 12 month supported entry program (Career Development Year –CDY) (Morphet, McKenna, & Considine, 2008) and the Nurse Entry to Practice (NETP) program (Haggerty, McEldowney, Wilson, & Holloway, 2009).

Collectively, these new graduate nursing programs for those beginning their first professional position are designed for the transition to practice usually in the hospital setting and are founded on formal (high) structure and support (Haggerty et al., 2012; Halfer et al., 2008; Missen et al., 2015 in press; Morphet et al., 2008). Specifically, the NETP program is not mandatory nor offered by all employers and generally comprises a learning framework, clinical rotations, preceptorship, study and development days and cultural support (Haggerty et al., 2009; Missen et al., 2015 in press).

Purpose of the NETP

The NETP program seeks to transition the new nurse/midwife graduate into the role of competent registered nurse (RN) by providing a safe and supportive environment (Haggerty, McEldowney, Willis, & Holloway, 2010; McDonald et al., 2009). It is proposed that the NETP program will facilitate the new graduate's confidence and competence as an emerging registered nurse/midwife (Haggerty et al., 2012). The NETP Program(s) expects the graduate to perform the role of a beginning practitioner and embark on postgraduate education (McDonald et al., 2009).

In a national report, the NETP program was evaluated as ‘provid(ing) a supported environment..’ for the new nurse graduate to learn (Haggerty et al., 2010, p. 18). Additionally, increased confidence of the new graduate nurse operating at level of professional nurse (registered nurse) has also been reported (Harrison et al., 2007).

Impact on recruitment/retention/attrition, job satisfaction and professional development

Additional beneficial workforce outcomes for the implementation of supported entry programs such as the NETP include recruitment and retention (Morphet et al., 2011). In a review, the supported entry program (orientation, preceptorship and education program) was evaluated as improving recruitment and short-term retention (Morphet et al., 2008) or having a ‘...positive impact on turnover’ (Halfer et al., 2008, p. 244). Programs of this type increase new graduate nurses’ ‘..job satisfaction’ and ‘ “stick” with the organisation’ (Halfer et al., 2008, p. 245).

A further workforce outcome for the NETP program is professional development (Haggerty et al., 2009; Morphet et al., 2008). Writing in the context of mental health, Robinson, Murrells, and Smith (2005) cite as contributing to nurse attrition, a ‘lack of opportunities for career progress and continuing professional development” (p.231). In addition, McDonald et al. (2009) report their study indicated that the NETP program encouraged graduates to continue their postgraduate education in the future.

In a New Zealand wide evaluation, the NETP program positively impacted recruitment and retention of new nurse graduates into New Zealand District Health Boards (DHBs) (Haggerty et al., 2010) (Harrison et al., 2007). Furthermore, on the one-hand the NETP provides for transferability across New Zealand, whilst on the other hand, new graduates in the evaluation study indicated a high likelihood of returning to the DHB in which they undertook the NETP program (Haggerty et al., 2010). Elsewhere, Morphet et al. (2011) cite a number of studies whereby retention rates of 80% or better over a two year period at the site of offering, were attributable to the transition/structured program. Specifically, in two studies: ‘study findings validate organisations implementing mentoring programs can increase job satisfaction and 1-year retention of new nurse graduates’ (Halfer et al., 2008, p. 248) and ‘..revealed a doubling in (long term) retention’ of CDY (Career Development Year) participants (Morphet et al., 2008, p. 36).

METHOD

The research described and reported here constitutes a sub-study of the Graduate e-Cohort Study (GeS). The Graduate e-Cohort Study (GeS) (<https://graduates.e-cohort.net/>) is an international longitudinal web-based workforce study conducted in collaboration with six universities from Australia, Canada, Ireland and New Zealand. The purpose of this larger study is to examine the choices graduate nurses and midwives from these universities make in relation to their employment immediately after graduation and in the years following. Participants registered on line and completed baseline demographic and contact details for Survey 1 in 2008.

The GeS survey consists of 55 items derived from previous workforce research and themes identified in the literature. A full methodological explanation and description of the first cohort of newly graduated and registered nurses participating in the GeS has previously been described (Huntington et al., 2011).

Data reported here are from Survey 5 undertaken in 2013, representing nursing graduates from Australia and New Zealand only. Thus, a graduate of 2008 *describing any issues* (she) *experienced gaining employment as a nurse or midwife after graduation* was looking for work in 2009 onwards; a graduate of 2009 was looking for work in 2010 onwards and so on.

Participant Demographic Characteristics

The sample (N=197) were female (95%), reported themselves as mostly Registered Nurses (94%) who had graduated in 2008 (33%), 2009 (47%) and 2010 (20%). The sample was evenly split with 47.2% having received their original degree in New Zealand and 52.8% in Australia. The majority (89%) were currently employed as a nurse or midwife. Table 1 contains sample characteristics for employment status (full-time; part-time), country of employment, employment organisation (public/private) and work setting.

[Insert Table 1 here]

Data collection

In 2013 for the first time the following question was included in Survey 5 2013 of the Graduate e-Cohort Study (GeS):

Q63: Describe any issues you experienced gaining employment as a nurse or midwife after graduation.

Respondents totalled N= 197 of which n=176 (89%) nurses and midwives of the GeS provided complete demographic data. Multiple responses were often provided by a single participant. The responses varied in length from a few words, a few sentences to lengthy paragraphs. Responses were varied in content. However, only the detailed data about what they said about Nurse Entry to Practice (NETP) program/new graduate nursing programs is reported here.

Data analysis

Data from question 63 were analysed using descriptive statistics. Additionally, textual data from the open-ended question were subject to thematic analysis (TA) and responses tallied. The TA applied here has been previously described (Tuckett, 2005a). In essence, the primary or core theme was already provided by the open-ended question (deductive); data were then judged to represent a common feature of that theme. Pieces of data – responses, were assigned to subgroups where they were judged to provide a nuance about the core theme (inductive). The aim of analysis was to provide a logical narrative based on characteristics supported by the data, within the overall core or primary theme.

Ethical considerations

Ethical approval was granted by the Human Research Ethics Committee (HRECs) of each participating university.

RESULTS

Data are labelled as follows: e.g. 472008A or 752008NZ indicating the speaker (47 or 75) is a graduate of 2008 from Australia or a graduate of 2008 from New Zealand, respectively.

Core Themes

Those looking for jobs after graduation in the year 2009 and 2010 (graduates of 2008, 2009, respectively) were more likely to report positively about their uptake of a Nurse Entry to Practice program (NETP). These groups described the graduate year/program as an easy option in which there were plenty of opportunities. The transition was unproblematic and there was a symbiotic relationship between securing or being offered a graduate year/program related to a final undergraduate clinical placement. Nurses or midwives looking for a job in 2011 (graduates of 2010) were far less inclined to report on a graduate year/program and when they did, it was not described favourably in terms of getting into one.

Choices for graduate positions

The sentiment for the graduates of 2008 and 2009 was that nursing entry to practice programs (NETP) were plentiful, but there was a caveat. Whilst there may have been ‘..lots of options as a graduate when I graduated with some amazing graduate programs’ (712008A), there was a sense that this was temporal:

The year in which I graduated it was seemingly easy to get a graduate nursing position in an acute facility. I was fortunate to get my first preference, and I feel this was the case with most other graduates in my year also. It has gotten harder and harder each year to secure graduate nursing positions (672008A)

This viewpoint was shared, with the observation that ‘I had no difficulty in gaining a position in a graduate program (although I would not like to be graduating now)’(442008A) and the fact that ‘It was easy, [I] was offered (three) graduate jobs - there were plenty of jobs going back then..’ (662008A). This awareness of the NETP options being an artefact of time was also borne by a 2009 graduate:

I had 3 ICU permanent graduate positions offered by 3 major hospitals in Brisbane...However I am worried now about leaving my current job as I understand that it is becoming harder to find work in QLD and NSW (1762009A)

A common thread amongst the three groups was that in their graduate year, securing a ‘NETP’, ‘graduate program’ or ‘graduate year’ was easy, although there was a distinctly dissenting voice to this for graduates of 2010. By and large, in the years 2009/2010 (graduates of 2008/2009, respectively) experienced:

.. 3 job offers for new graduate positions including my first choice. I have since moved jobs, which was also an easy transition to make with my experience (1342008NZ)

.. a few choices of graduated positions and did not struggle to find employment (532008A)

..easy to find work as a new graduate. I applied to several different hospitals/new grad programs, and I was offered a position in my first choice... (852009NZ)

..fortunate and it was rather simple. I was employed straight away as a New Graduate into NICU in Auckland (892009NZ)

..it easy to get a grad program following graduation... (1572009A)

Colleagues looking for work in 2011 (those who were graduates of 2010) did have *some* similar experiences: 'Easy. Transitioned into an excellent NETP Program' (4332010NZ)' and 'Easy as I got the job I wanted, on a new grad program' (3512010NZ). However, unlike the shared consensus from graduates of 2008/2009, respectively, some of the graduates of 2010 found even getting into a nursing entry to practice program (NETP) impossible:

Competitive entry into NETP Program (3442010NZ)

Did not get a new Grad position. Was employed as a caregiver at private aged care facility whilst studying and was offered a short term full time position as an RN at the aged care facility upon graduation...(4312010NZ)

Failure to enter the program resulted in a nurse(s) moving out of clinical to research:

Unable to get an interview for graduate program.. Unable to gain employment in area of interest. So went for a job with good hours and much better pay than a new grad position as a research nurse. Still in this area (3022010A)

In this work climate, some major compromises need to be made. Two graduates of 2010, both from New Zealand, reported the 'stress' and the 'struggle' they experienced getting into a NETP:

Very stressful, difficult process to go through to get into a NETP program. Ended up doing new graduate year in rehab because it was a good hospital but not an area I was interested in. Found it easy to get a new job after I'd completed NETP at a different hospital (4022010NZ)

I struggled to gain a position on a NETP program following graduation- meaning I had to work for six months in Invercargill on a fixed term contract as a nurse prior to gaining entrance into NETP. I was from the north island so this was a large move and change for me. .. with strict rules around working for only up to six months prior to NETP I was forced out of nursing for some time in order to gain a 'foot in the door' with NETP (4092010NZ)

Further nuances to understanding the NETP as an issue they experienced gaining employment as a nurse or midwife after graduation, included the ease of securing a 'graduate program interstate with no issues (692008A)'; or even '...a grad program easily overseas in WA' (Western Australia) (1192008NZ). Poignantly, two new graduates placed real gravitas on the NETP:

.....need to have a grad program under your belt to really continue your nursing
(1192008NZ)

I found it difficult to get a job in the hospital as I hadn't done a NETP program
(2822009NZ)

What is not surprising is that graduates spoke of a symbiotic relationship between securing or being offered a graduate year/program related to a final undergraduate clinical placement. Data here suggests this to be true for 2008 and 2009 graduates but not so true for 2010 graduates:

I had no troubles. I was given a position on the graduate program where I completed my final placement for university (292008A)

I was successful in obtaining a graduate program in a vascular ward in the hospital I completed my training..(702008A)

Got a new graduate placement at the hospital where I had done my placements as a student (2462009NZ)

Outcomes of the graduate year

For those looking for work in 2009 and 2010 (graduates of 2008 and 2009, respectively), there was the attendant consequence of remaining in the ward or organisation where the NETP was undertaken. This consequence was reported more widely by 2008 graduates, 2009 graduates from New Zealand but was not reported at all by 2010 graduates.

Graduates of 2008/2009 from both Australia and New Zealand reported remaining in the ward where they completed a NETP:

I am still at the same hospital I did my grad year with (422008A)

I found it very easy to get employment and am still working on the same ward I did during my graduation year (1612009NZ)

As a result, they experienced job satisfaction:

I have been in the same job from a new grad (6 months ED then 6 months ICU and I stayed). I love my job ICU/transport nurse/senior nurse..(1242008NZ)

I was lucky enough to get a job in my preferred specialty area as a graduate nurse. I have been working on his ward since and enjoy the wide variety of work I get exposed to here (3122009NZ)

In addition to the job satisfaction, associated with completing a NETP and staying in the ward where the NETP was undertaken, is the instrumental value the NETP had in influencing job opportunities. This influence was exemplified two ways – the NETP as influencing job recruitment and the NETP influencing job opportunity:

Lucky to be offered 3/3 positions I applied for. Selected the one because of its NETP program (2762009NZ)

I applied for 2 jobs and was offered both, but took the current job. This was due to its offer of a 2 year graduate package. It also involved not having to work night shift. I have stayed at the hospital as its very supportive (1162009NZ)

I went straight into a new graduate program. After that finished, I moved to Australia - had two job offers straight away, so had no problem finding work in the field (2432009NZ)

Finally, the NETP is reported as a *modus operandi* for the graduates' work/life balance. For some, it provided psycho-emotional support: 'Very good. Easy transition with the new grad program' (1982009NZ). For others, it was associated with facilitating family-work stability on the one hand, and work-mobility on the other:

Completed a graduate program in Women's Health and Neonatal Nursing over 18 months. From there was offered a position in special care...My family GP then

offered me approx.. 3 years post grad. This role enables me to be there for my children whenever I need to be (1582009A)

I completed my Bachelor in New Zealand but did my grad year in Adelaide. I have worked in various places and have not had much trouble finding work (1872009NZ)

However, these positive experiences consequent of the NETP are in contrast to other graduates' experiences that were awful (the NETP itself) or related to employment. Whilst a non-specific critique underscored that '...some of the graduate programs were less desirable than others as they pigeon-holed into one speciality' (1062009A), a further experience was more telling. In what follows, the graduate of 2008 speaks of suffering:

Getting a job in a NETP program in 2009 was easy but it turned out to be a terrible position that made me extremely depressed and completely dissolved my trust in management and the way the system is set up to work. Bullying and workload were main issues with patient load regularly being 6 to 1. I ended taking a year break after NETP, was harder to find a second job in 2010 due to my lack of experience, gap in work history and economy at the time. I'm in a smaller hospital now but the management and workload is much better than the tertiary hospital that I was at before. If I had to go back to work in an environment like my NETP year I would leave healthcare on the spot (872008NZ)

A parallel experience was that of completing a NETP : 'No problem...' (342008A) and it '..was great...' (1352008NZ) only to be confronted with issues related to employment:

.. after the grad year there is no chance of getting any permanent midwifery hours. You can go on the casual pool but I need full time work, so I will have to go back to full time nursing (342008A)

... but it was only for a 12 month fixed term. I have (since) found it really difficult to find employment as a nurse (1352008NZ)

DISCUSSION

New nursing graduates of 2008, 2009 and 2010 were asked to describe any issues they experienced gaining employment as a nurse or midwife after graduation. This paper reports

on what Australian and New Zealand graduates said about the Nurse Entry to Practice (NETP) program.

Changes in the labour market are clearly illustrated by the study. Interpretation of these however is not straightforward. Although the global financial crisis (GFC) was blamed for Australian labour market conditions deteriorating in 2009 the Health Care and Social Assistance sector experienced large increase in trend through 2011 (Department of Labour, 2011a, 2011b). Total employment of registered nurses increased by 10% from 260,000 in 2009 to 285,000. The decline in nursing and midwifery employment suffered in New Zealand through 2009 and 2010 reversed in 2011 (Department of Labour, 2009a, 2009b). These national figures could suggest that there would be jobs for new graduates. However, overall statistics fail to paint the full picture of the availability of nursing positions at local or even state/territory level. Nor do they identify the availability of graduate programs and the increased supply as a result of increasing course intake (Health Workforce Australia (HWA), 2013). A combination of these factors resulted in the difficulty in provision of jobs. Unfortunately supply and demand are out of step. Enrolments and completions are on the rise and registered nursing courses are oversubscribed (Australian Nursing & Midwifery Federation (ANMF), 2014; Department of Health (DoH), 2013). The Department of Health (DoH) notes that even if all applicants were accepted and completed their studies this would still fall short of the demand predicted for 2025 (Department of Health (DoH), 2013). However, on the other hand, demand does not equate to available positions in the short term where the increases in number of nursing graduates is negated by lack of opportunities. The Australian Nursing and Midwifery Federation (ANMF) in their submission to parliament provide Queensland Health 2013 unpublished MOHRI data indicating that in 2014 only 600

of 2500 graduates were employed (Australian Nursing & Midwifery Federation (ANMF), 2014, p. 8). Reasons are multiple and complex. Firstly, major changes occurred within the various jurisdictions over that period leading to declining state health budgets affecting nursing positions; and secondly, there were changes to immigration visa quotas (both permanent and 457 visas). Australian Bureau of Statistics (ABS) data show that the proportion of nurses born overseas who were recent arrivals increased from 9% in 2001 to 19% in 2011 (Australian Bureau of Statistics (ABS), 2013). Tied into this is the issues identified in the DoH 2013 report of the challenge of “one of sustainable expansion of nurse education capacity to meet forecast demand while continuing to ensure quality educational delivery” (Department of Health (DoH), 2013). This last emphasis results in a desire to employ more experienced overseas trained nurses.

Understanding aspects of the new nurse’s or midwife’s working life that influences her or his decision to remain in their respective profession can be brought to bear on developing retention strategies at national, organisational and ward level (Robinson et al., 2005). New nurse graduates in the research reported here, in particular those of 2008/9, experienced the *modus operandi* of the NETP program, whereby the program retained the nurse in the ward/organisation of their final clinical placement (El Haddad, Moxham, & Broadbent, 2013). That is, the NETP program facilitated employee (new graduate nurse) “stick” with the ward/organisation (Halfer et al., 2008).

Retaining the newest generation of nurses is critical to meeting the workforce needs of the future (Halfer et al., 2008). In a time of short supply, recruitment and retention of those who *are* available in the nursing/midwifery workforce is vitally important. Cost benefits of

reduced turnover are associated with avoiding temporary labour coverage, recruitment spending and orientation costs (Halfer et al., 2008). Nurse/midwifery workforce turnover is costly to the healthcare organisation in terms of monies paid and lost and in terms of disruptions to care teams and the attendant care quality provided (Halfer et al., 2008).

Our findings do agree with Haggerty et al. (2010) evaluation study of the NETP program in New Zealand. Their research indicated that NETP provides for transferability across New Zealand, whilst our research indicates that the NETP program provided both local and international transferability.

Finally, the nature of our inquiry meant we captured a less favourable experience with the NETP program that concurs with the view that new nurses/midwives do not experience a supportive environment (Skancke Bjerknes & Torunn Bjork, 2012). What employers do need to ensure is that the highly structured and supportive intent of the NETP program does actually grow and nurture competence, confidence and job satisfaction. What cannot be tolerated nor afforded is bullying and work overload as characteristics of any new graduate nursing program (Clare & van Loon, 2003; El Haddad et al., 2013). We need our new nurses to stay. High new graduate nurse attrition has contributed to the nursing shortage (Morphet et al., 2011). Harrison et al. (2007, p. 311) cite research indicating that a variable contributing to a nurse workforce shortage is the 30-54% of new graduate nurses who either change jobs or leave nursing during their first year of practice. Keeping nurses/midwives is strategically important for workforce planners and administrators faced with the combined effect of an ageing population needing care (the baby-boomer boom); and an ageing nursing workforce looking to retire (Halfer et al., 2008).

CONCLUSION

We report on what Australian and New Zealand graduates said about the Nurse Entry to Practice (NETP) program. Findings reveal that graduates looking for jobs in the year 2009 and 2010 were positive about their uptake of a Nurse Entry to Practice (NETP) program. Typically, at the time the NETP programs were a viable and plentiful option in which the graduate could take a NETP program associated with a final undergraduate clinical placement. Consequently, this resulted in these graduates remaining in the ward or organisation where the NETP was undertaken. This consequence was reported more widely by 2008 graduates, 2009 graduates from New Zealand but was not reported at all by 2010 graduates. Nurses or midwives looking for a job in 2011 reported less on a NETP program and when they did the program was hard to get into. Understandings about graduate nurse's or midwife's transition into professional practice impacting their decision to remain in their respective profession can inform retention strategies at national, organisational and ward level.

LIMITATIONS

Qualitative data of this kind provides a one-off 'snapshot' and the method does not provide for any further follow-up. However, the captured data compliments the literature (Haggerty et al., 2010) and thus facilitates trustworthiness in the findings (Tuckett, 2005b). A limitation here is the small sample of midwives, inhibiting generalisation. Nevertheless, our depth of descriptions supports our claim we have plentiful data that overlap 'contribut(ing) to internal reliability' (Morse, 2015, p. 7). Furthermore, through the process of peer review and debriefing of data and interpretations between authors, we claim a high level of confidence that our findings are valid (Morse, 2015).

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Table 1: Characteristics of participants (N= 197)

Characteristic	Total	
	n	%
Gender		
female	187	94.9
male	10	5.1
Designation		
Registered Nurse (RN)	185	93.9
Registered Midwife (RMW)	20	10.1
Registered Nurse + Midwife	8	4.0
Year of Graduation		
2008	64	32.5
2009	93	47.2
2010	40	20.3
Country of original undergraduate degree		
Australia	104	52.8
New Zealand	93	47.2
Currently employed as Nurse/Midwife		
Yes	176	89.3
No	21	10.7
Employment Status[§]		
Fulltime/Permanent	93	52.8
Fulltime/Temporary	7	4
Part-time Permanent	60	34
Part-time/Temporary	4	2.3
Casual	12	6.8
Country Employed[§]		
Australia	105	59.7
New Zealand	65	37
Great Britain	2	1.0
Other	4	2.3
Employment Organisation[§]		
Public	134	76
Private	42	24
Work Setting[§]		
Acute Hospital	124	70.5
Aged Care, Prison, Hospice, Defence Force Education, Government Department, Outpatient Clinic, Domiciliary/Community	12	6.8
School Setting	10	5.7
Maternity/Birth Centre	8	4.5
Medical Practice	7	3.8
Community Health Centre	6	3.4
Integrated Hospital/Clinic/Community	4	2.3
Day Surgery	3	1.7
Independent Practice	2	1.1

[§] Total of 21 respondents did not provide this information.